

SG Care Ltd

# Nightingales (Chichester)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nightingales is a domiciliary care service providing personal care to approximately 29 people at the time of the inspection. People using the service were living with a range of care and support needs such as dementia and physical disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives. It was not clear if staff were supporting them in the least restrictive way possible and in their best interests as they had not ensured representatives making decisions on people's behalf had the legal authority to do so. This is an area of practice that requires improvement.

People were protected from the risk of abuse and felt safe. A relative told us they felt their loved one was, "completely safe, I have no concerns whatsoever." People's medicines were well managed, and lessons learned when things went wrong.

People received care from well trained and knowledgeable staff. People's nutritional needs were understood and met by staff. Staff worked well with other professionals to meet people's health and wellbeing needs in a timely way.

Staff were kind and caring to people and knew them well. One person told us, "They are all really kind." People's privacy and dignity was respected, and their independence promoted. People were supported to express their views by staff who understood their communication needs.

Staff were responsive to people's needs and delivered their care in the way they preferred. People understood how to make complaints but had not needed to. People were supported compassionately at the end of their lives.

The service was well managed. People, their relatives and staff were complimentary of the management of the service. One person told us, "they are nice, helpful people and I have faith in them as they have never let me down." Quality assurance and audit processes were in place and actions taken to improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 January 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Nightingales (Chichester)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection. Inspection activity started on 3 July 2019 and ended on 9 July 2019. We visited the office location on 9 July 2019.

#### What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

#### What we did during the inspection

We spoke with five people who used the service and 10 of their relatives, the registered manager and four members of staff. We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Referrals had been made to the local authority, in a timely way, when staff suspected people were at risk.
- People told us they felt safe using the service. One person said, "I do feel safe. The staff are very trustworthy."
- Staff knew what constituted abuse and what to do if they suspected someone was being abused. Staff were confident the registered manager would act should they raise concerns about people's safety. A member of staff told us, "The manager would definitely take any concerns seriously, they are really proactive at keeping people safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed, understood and reduced by staff. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe.
- People felt able to take positive risks to maintain their independence. One person told us, "I like to be independent and that involves risks sometimes but they understand that it's my life and choice and support me to be independent."
- Risk assessments were person centred and addressed people's individual needs. For example, one person had significant mobility needs and required support from staff to change position. Their risk assessment was tailored to their needs and provided staff with detailed guidance to support them safely.

Staffing and recruitment

- There were suitable levels of staff to support people safely. People were happy with their care call times and all said staff were reliable. One person told us staff were, "reliable every day and they have never failed (to visit)."
- The registered manager ensured people and staff were matched to suit their needs and people received care from regular members of staff to aid continuity of care. One person told us, "It's always the same carers and if there's someone new then they come around with a carer we know first."
- There were safe recruitment practices in place. Checks were made to ensure staff were of good character and suitable for their role before they started working.

Using medicines safely

- People's medicines were managed safely. There were safe systems in place to manage, administer and dispose of medicines.
- People and their relatives were happy with how their medicines were managed. A relative told us, "(Staff

have been good with the creams which are regularly applied to the right areas of skin as prescribed. I am very happy with the way it has been managed." A person told us, "They ask me if I've taken my pills, so I don't forget."

- Staff were trained to administer medicines and had regular competency and spot checks which supported safe practice.

#### Learning lessons when things go wrong

- Accidents and incidents were managed safely, and lessons learned to improve the care people received.
- The registered manager analysed incident reports to reduce the risk of a similar incident happening again. For example, from the analysis of incident records the registered manager noticed that one person had an increased number of falls. They involved the person's GP, falls team and neurologist to understand the reason for their falls, whilst reviewing their care plan and risk assessment to ensure it reflected the person's needs. The support the person received had significantly reduced their number of falls.

#### Preventing and controlling infection

- People were protected from infection control risks and staff had received training in this area.
- Care staff told us they access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. Although improvements had been made in relation to staff working in line with the principles of the Mental Capacity Act (2005), there were still areas for improvement. These related to ensuring people making decisions on other's behalf had the legal authority to do so. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- If people did not have capacity to make specific decisions for themselves, staff allowed people's representatives to make decisions for them without confirming they have the legal authority to do so. This meant that decisions being made for people might not be in their best interest. The registered manager began to seek evidence of legal authority from people's representatives during the inspection. This is an area of practice that requires improvement to ensure decisions are being made for people lawfully and in their best interest.
- Since the last inspection the registered manager had reviewed people's mental capacity assessments and best interest decisions to ensure these remained relevant for people. Where restrictions were in place, such as bed rails, these had been clearly assessed and best interest decisions made with other professionals to ensure this was the least restrictive option for people.
- Staff and the registered manager understood the principles of the MCA in ensuring people have choices in their day to day life. One member of staff told us, "Mental capacity can fluctuate, you shouldn't assume people can't make decisions. You have to be aware people can make unwise decisions and that is fine."

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. People

and their relatives all said staff were well trained and knowledgeable. One person told us, "They always seem to know just what to do and how to do it." A relative said, "Very competent, all of them. There is never a problem."

- Staff were provided with training to meet people's individual needs. For example, one person had specific continence needs. Staff were provided with training in this area of care, so they could support this person safely. Another person had mobility needs, staff were provided with specific training and equipment to help them get dressed. A member of staff told us how useful this training was for reducing the persons pain and maintaining their dignity.
- Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. A member of staff told us, "The training is good and if we have new staff they aren't working alone until they are confident and competent."
- People were cared for by staff that were suitably supported within their roles. Staff received regular spot checks and feedback about their performance. One member of staff told us, "we have individual and group supervisions relating to the people we support regularly. This helps us to discuss how to best support our clients and develop team morale. It has really improved communication, it has been much more constructive in sharing best practice."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported at mealtimes to have food and drink of their choice, where it was delivered as part of the package of care. One person told us, "I choose what I want, and they are always willing to help with cooking if needed."
- If people had specific dietary requirements guidance was in place for staff to support them effectively. For example, one person was living with diabetes. Their care plan detailed how to support them with their nutritional needs and staff were aware of these needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services as and when needed and staff supported people to attend appointments. One person told us, "They help me to arrange appointments and go with me too."
- Staff responded to people's health needs to support their wellbeing. For example, one person wanted to have a bath but struggled with going upstairs alone. Staff worked closely with their occupational therapist to support them to go up and down the stairs safely. This had improved their wellbeing as they now have a bath regularly which they enjoy.
- Staff worked with each other and other professionals to meet people's needs in a timely way. For example, one person had struggled with managing their continence needs due to a decline in their health. Staff recognised this quickly and involved health professionals in reviewing their care. Staff now guide the person with their continence care to ensure their needs are met whilst maintaining the persons independence. A relative told us, "They are really good at watching for any changes in health." A person told us they had experienced a recent period of ill health and said, "When I needed medical help (the staff) were brilliant."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before people used the service and regularly thereafter. This ensured staff had information about their needs, backgrounds and preferences. This information informed the care they received.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of people's initial assessment. This demonstrated that people's diversity was included in the assessment process.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives all told us they were treated with kindness and respect. One person told us, "They are lovely people, the carers, office staff, manager. They are all really helpful and friendly." Relatives described staff as, "Very kind" and "Splendid people".
- Staff knew people's preferences and personalities and spoke positively about people they supported. It was evident that they were empathetic and cared for people they supported. One member of staff told us how a person had experienced an emotionally difficult time which had affected their confidence. The member of staff showed genuine concern for the person and told us how staff had supported them by listening to them and supporting them to go out into the community. This had built their confidence and reduce their isolation. The member of staff said, "They are now really sociable, it is really nice to see how content they are now."
- Staff told us they had time to spend with people and they had developed positive relationships with people. This was confirmed by people and relatives. One relative told us, "We never feel rushed and they always have a good chat with us." A person told us, "I look forward to them coming and I know them well, like part of the family."
- People's cultural and religious needs were met. For example, where people had religious needs these were respected and supported by staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, if appropriate, were fully involved in discussions about their care. One person told us, "I am very much involved in my care plan. They ask, listen and respond. It couldn't be better." A relative said, "They talk to us all the time about how to help us."
- People and relatives said they could discuss their care or any issues with the management team. One relative told us their loved one had experienced difficulties with their health. They said the management team had kept them involved and sought theirs and their loved one's views on changes to their care and support.
- Staff told us how they offer people choices daily during their care calls. This was confirmed by people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff told us how they support people to remain covered and close doors and curtains during personal care to maintain their dignity. A person told us, "They always ask before helping and they are polite and kind."

- People felt their independence was respected. One person told us, "I'm in my own home only because they come in. I wouldn't manage without them." Another person said, "I've told them that I need to be independent and they respect that."
- People's independence was encouraged. For example, one person was at risk of self-neglect. Staff worked with them closely to build routines and improve their motivation to look after themselves. The person now attends day centre regularly and is attending an evening class. This had significantly improved the persons independence and they now need less support from staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and staff knew their preferences well. People's care plans contained information about their life history, preferences and the way in which they liked to be supported, and staff knew this information about people. For example, one member of staff told us how a person they supported liked listening to the radio and having a weekly paper which they bought for them. These interests were reflected in the person's care plan.
- When people's needs changed these were reflected within their documentation to ensure staff had access to up to date guidance. For example, one person's mobility had declined which made daily tasks more difficult for them. Staff had been trained to support the person's changing needs and their care plan was reflective of how staff should support them to maintain their dignity and independence. One person told us, "As my needs changed the care provided changed in response. We have regular reviews and if I need anything different I just call them."
- People told us they were involved in their care planning and their preferences met. One person told us they were involved in a, "Thorough assessment with a big meeting involving family, social services, health team and Nightingales managers."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand, and the registered manager had a good understanding of the AIS and what this meant for people using the service.
- People's communication needs were identified and recorded in their care plans. For example, one person had a health condition which affected their sight. Staff ensured they provided information in large print, so they could read and understand it independently. Another person, living with dementia, required important information writing down to ensure they remembered and understood it. They became anxious when they didn't know which carers would be visiting them, so staff wrote this down with them daily to aid their understanding.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints policy. The provider had received no recent complaints.
- People and their relatives said they would have no concerns raising a complaint but had not needed to. One person told us, "I would call the office, but I've never had to call them. I know they would listen to me."

Another person said, "They gave me full information about how to complain but I've never needed it."

#### End of life care and support

- People were supported with compassionate care at the end of their life. Staff showed empathy and understanding when talking about providing end of life care for people. For example, one person was receiving end of life care at the time of the inspection. Staff told us how they made the person comfortable and supported their family during this difficult time.
- Staff were trained in providing end of life care and people's wishes were documented in their care plans, if they wanted to discuss these.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager fostered a positive person-centred culture at the service. They told us, "We are a family run service with a family ethos. We look after everyone in the way we would want to be cared for by providing high quality care. Nothing is too much trouble we are here for people." These values were embedded in staff practice and staff told us of the positive environment they worked in.
- People received support from staff that promoted person centred practice. People told us they were happy with the care they received. One person said, "They are a really good service. I am very happy." Another person said, "They do everything well. I am particularly impressed that they manage to be so flexible and change my visit times even at short notice when necessary."
- Staff supported people to achieve good outcomes. For example, one person had poor mobility and was anxious about walking due to previous falls. Staff worked closely with the person over a period of time to build their confidence in walking outside again. The person now goes for walks outside their house with staff, which has improved their mobility and access to the local community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives all told us they felt the service was well-led. One person told us, "I think it must be well managed as there is never a problem." A relative said, "They are outstandingly good in my opinion. An amazing care agency."
- People and their relatives were complimentary of the registered manager and management team. One person told us, "I think the manager is caring and it goes right through the whole organisation." A relative said, "I spoke to the manager during the assessment and she was so helpful and really listened."
- Staff understood their roles and felt supported. One member of staff told us, "I feel valued in my role, you can talk to the management about anything. They recognise hard work and it makes you feel appreciated. They always say thank you and it goes a long way."
- The registered manager and staff were committed to continuous learning and driving improvements to the care people received. For example, they kept up to date with changes to legislation and staff training needs to ensure people received safe, high quality care.
- There were quality assurance processes and audits in place with the aim of ensuring good governance. Where there was room for improvement these had been identified and actions already in place. For example, the registered manager had identified they needed further oversight of medicines practices to ensure action was always taken when concerns were identified. They had acted on this and created a

detailed audit form to ensure all concerns were addressed to improve people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were engaged in the running of the service. People told us they felt their opinions were listened to and acted on. One person told us that they felt listened to during their assessments and reviews and this meant that staff really understood their needs and preferences.
- People, their relatives and staff were given various opportunities to provide feedback to the management team such as; surveys, meetings, newsletters and care reviews. The management team also delivered care, so they could observe staff practice and offer people informal chats to listen to their feedback.
- Staff felt they were listened to and their opinions were valued by the management team. For example, staff raised concerns about a decline in a person's mobility at a team meeting. The registered manager acted on this feedback and made an occupational health referral for them, to improve the care they received. A member of staff told us, "Any concerns raised are always listened to and taken seriously, it is always addressed quickly. We are listened to."

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people's needs were met in a timely way. For example, one person was living with diabetes and required their insulin to be administered daily by nurses. Staff worked with the nursing team to ensure they had received their care call and had breakfast before they arrived. This partnership working meant the person's medicine was administered safely and their dignity was maintained as they want to be dressed before they had visitors.
- Staff spoke positively of partnership working and understood the importance of working with others to provide high quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and worked honestly with people if things went wrong. For example, staff had confusion about their care calls on one occasion which resulted in them being late for a person's care call. They reported this, and the member of staff and the registered manager apologised to the person and made sure the rotas were clear, so this didn't happen again.